

TRANSFER REQUEST

- The <u>Account Owner</u> should complete this form to request a transfer of units from one GET account to another.
- *The Student Beneficiary receiving units must be a "Family Member" of the Student Beneficiary transferring units. "Family Member" means a parent, sibling, stepparent, stepbrother, stepsister, aunt, uncle, first cousin and other eligible blood or legal relative. For more details, call customer service.
- Complete all sections of this form and include signature or processing will be delayed.

Account Owner Information				
Name (First, Middle, Last, Suffix)	Social Se	ecurity Number		
Street Address/Apartment Number	Email Ac	ldress		
Post Office Box Number	Telephor	ne Number(s)		
City / State / ZIP Code			Home	Work
Unit Transfer Information				
Number of units to transfer	c	or 🔲 transfe	r all units and c	lose account
Transfer from GET account	OFT A IN	Ot deat Death	To de Novo	
Transfer to GET account	GET Account Number	Student Benefic	lary's Name	
Reason for Transfer Request	GET Account Number	Student Benefic	iary's Name	
*Relationship between the Stude the units and the Student Benefi	· ————————————————————————————————————			
Signature - REQUIRED				
Only the <u>Account Owner</u> may authorize changes to the existing account.				
I certify under penalty of perjury that I am the legal Account Owner and I authorize these requested changes to the Guaranteed Education Tuition Program account indicated above.				
Account Owner's Signature		Date		